as to what symptoms are to be considered essential for the diagnosis. It is an answer to a paper on a similar subject by Nissl.

4. To be continued.

McCarthy (Philadelphia).

MISCELLANY.

Hyoscine in Paralysis Agitans. Dr. Judson S. Bury (Lancet, April 19, 1902).

The author says that hyoscine is probably the most useful drug that has hitherto been tried in the treatment of paralysis agitans. As a rule it diminishes or arrests the tremor, checks the troublesome restlessness and the desire to change position, and relieves the "hot flushes" and unpleasant sensations of heat by which these patients are often troubled. It is important to remember, however, that hyoscine is a powerful drug, and one which must be administered with great care. Merck's hyoscine hydrobromate is probably the best preparation, and it is safer to give it by the mouth than to inject it. Quoting from Williamson, he says, "A prescription which is useful is one-eighth of a grain of hyoscine hydrobromate in six ounces of chloroform water. At first two teaspoonfuls of this may be given, then three, four, or five teaspoonfuls. If necessary the dose may be increased to six teaspoonfuls (1-64th of a grain), providing toxic symptoms are not produced. The hyoscine is best given in the morning, just after breakfast, and again in the evening, just before going to bed, if the patient is troubled with restlessness and sleeplessness during the night."

Certain Clinical Types of Brain Syphilis. Pearce Bailey (Medical Record, June 21, 1902).

The most important clinical groups of brain syphilis are the apoplectic, the meningitic, those characterized by isolated oculomotor palsies, and those characterized by somnolence; also those which correspond with the anatomical types of gummata and cerebro-spinal affections. Acute specific meningitis may be suddenly changed by the addition of apoplexy. These acute apoplectic seizures of cerebral syphilis are rather common. The writer believes that cutaneous disturbances of sensibility have been rather more common than usually mentioned in the textbooks, and disturbances of the higher visual tracts distinctly more so; this includes especially bilateral homonymous hemianopsia, which the writer finds frequently of syphilitic origin. Focal signs may be wholly absent in some vascular cases. Often the symptoms of brain syphilis are of gradual, instead of sudden onset. At first they are chiefly mental, the patient becoming irritable, inattentive and forgetful, headache is not prominent, and disturbances in the special brain symptoms are often late in appearing. Somnolence is a frequent and characteristic sign of brain syphilis, improving with the other clinical symptoms, or deepening into coma, as the disease increases. Cases occur characterized by attacks, including those of an epileptoid character, usually focal or Jacksonian, with numerous associated symptoms, such as aphasia, anesthesias, vertigo, or mental symptoms. Disease in the blood vessels usually is found in these patients. General epileptic attacks, or "late epilepsy," are common in brain syphilis. A combination of trauma and syphilis is said to produce a variety of serious conditions. The writer believes that trauma, as a cause of cerebral syphilis, is rare. Syphilis, in its attacks on the central nervous system, has the tendency to make deposits, sometimes microscopic, in both brain and spinal cord. Clinically, the cerebro-spinal character may or may not be evident. Some cases seem to be cerebral, some spinal.

The relation of psychoses to syphilis is obscure. Maniacal and melancholic mental states, or dulness and sleepiness, merging into dementia, are ordinary clinical expressions of organic brain syphilis. Can these be distinguished from functional cases? The writer believes that there are a few cases in literature which indicate that a diagnosis of syphilis can be made in these cases, and a direct antisyphilitic treatment give benefit. Post-syphilitic dementia is in all probability due to vascular disease. In most cases of syphilitic mania, meningitis, or vascular disease, could be demonstrated. W. B. NOYES (New York).

DORMIOL IN EPILEPSY. J. HOPPE (Münchener med. Wochenschrift, April 29, 1902).

Dormiol has been used in eleven cases of status epilepticus, and it has been found that, so far as efficiency is concerned, it ranks equally with amylene hydrate, and has not any after-effects. The administration was per rectum in the form of two to three tablespoonfuls of a stock solution, 10 to 150, in from one-quarter to one-third liter of water. For continued use in epilepsy, dormiol is no more suited than is chloral or amylene hydrate, except, perhaps, in certain cases of epilepsia nocturna. In cases of epileptic confusion, with motor restlessness, it failed completely. JELLIFFE.

PHOTOTHERAPY AND NEURASTHENIA. P. JOIRE (La Semaine Médicale, 1902, No. 17).

The important modifications which one notes in the nervous system following the use of colored rays of light, or of decomposed light, induced this author to employ phototherapy in treating neurasthenic troubles. In his experience the red rays are especially to be recommended for this purpose, not only because of the sedative effects which they appear to produce upon the nervous system, but also because of their considerable power of penetration and of regulation exercised upon the blood circulation. The treatment by red light is particularly efficacious in cases of hyperesthesia, which constitutes, as is well known, the point of departure of most of the characteristic symptoms of neurasthenia, such as headache, vertigo, pain in the back, etc. In cases in which one sees, after the disappearance of painful symptoms, a certain degree of cerebral depression, it will be well to employ light cures of other orders, and to make, according to the state of the patient, a variation of color and intensity and manner of application. The calming action of phototherapy, and especially of exposure to red rays, seems also to have the power of increasing the strength of the patient, augmenting the appetite, regulating digestion, and governing general nutrition. In spite of their great susceptibility, neurasthenics undergo treatment with red light without difficulty, perhaps because the vibrations of this color are comparatively slow. JELLIFFE.

MULTIPLE NEURITIS. DANIEL R. BROWER (Medical Record, June 21, 1902).

The disease is the result of one kind of poison, and while the action of this agent may be limited to the peripheral portion of the neurone, yet there are cases in which the cell-body as well is impaired. The principal poisons producing multiple peripheral neuritis, are alcohol, lead, arsenic, and the toxine of various micro-organisms, especially those that produce diphtheria, influenza, typhoid fever, gonorrhea, syphilis,